

Introducing the SMILE_PH method: Sense-making interviews looking at elements of philosophical health

Methodological Innovations

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DOI: 10.1177/20597991231179336

journals.sagepub.com/home/mio

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Abstract

The present article is a primary introduction to the semi-structured interviewing method SMILE_PH, an acronym for Sense-Making Interviews Looking at Elements of Philosophical Health. Beyond grounding this new methodology theoretically (a work that is started here but will in the future necessitate several developments), the main motivation here is pragmatic: to provide the recent philosophical health movement with a testable method and show that philosophically-oriented interviews are possible in a manner that can be reproduced, compared, tested and used systematically with a population that has received no training in philosophy. The SMILE_PH approach was conceived by the author during an ethically approved pilot study focused on the philosophy of life of persons living with spinal cord injury (SCI), with the intention of rectifying the epistemic obstacles generated by rationalist, Socratic or unstructured ways of in-depth interviewing. The six-step structure of the method is also inspired by hundreds of individual dialogue sessions with philosophical counselees, led by the author between 2018 and 2022: the SMILE_PH method progressively gathers phenomenological data about 1 – our bodily sense, 2 – our sense of self, 3 – our sense of belonging, 4 – our sense of the possible, 5 – our sense of purpose and 6 – our philosophical sense.

Keywords

Philosophical health, medical humanities, sense-making, interview, bodily sense, sense of self, sense of belonging, sense of the possible, sense of purpose, philosophical sense

Introduction: Current approaches to qualitative interviewing about personal philosophies

The philosophical health approach has been advocated as a form of consideration for personal philosophies and worldviews in care practices broadly construed (de Miranda, 2019, 2021b, 2021c, 2022; Gilmore, 1999). Philosophical health has been defined in various ways, a minimal definition being: ‘Philosophical health is a state of fruitful coherence between a person’s ways of speaking and their ways of acting’ (de Miranda, 2021c: 92). Until today, to the best of my knowledge, there was no semi-structured qualitative method specifically designed to approach a person’s life philosophy. Some researchers have tried to use structured psychological scales, such as for instance the Free Will and Determinism Scale (Stillman et al., 2010), which are often too rigid or too simplistic for something as complex as our philosophical

sense. Other researchers, to avoid psychologizing scales, resort to phenomenology in general and in particular to interpretative phenomenological interviews (Smith et al., 2009), which, being fairly unstructured, produce richer results but may lack reproducibility, in particular intercoder reliability given that the interpretation moment of the analysis is made more demanding by the in-depth – potentially erratic – content of the data (Campbell et al., 2013). Other researchers are proposing to innovate within the scope of in-depth interviews, for example by transforming the data about existential pathways and personal life philosophies into poetic representations (Lehmann and Brinkmann, 2021). We cannot ignore

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that there is a creative aspect in the analysis of unstructured and semi-structured interviews in general, in particular when they refer to our philosophical sense of life. Can we nevertheless propose a semi-structured interview process, the interpretation of which is not purely poetic or arbitrary, but rather offers comparability and more intercoder reliability by design? In what follows I present SMILE_PH (Sense-Making Interviews Looking at Elements of Philosophical Health), the first semi-structured interview approach to philosophical health studies and one that I believe avoids, on the one hand, the corseting pitfalls of psychologizing questionnaires, and on the other hand fuzziness or subjectivity in the analysis of in-depth unstructured interviews.

Before we dive into the specifics of the SMILE_PH approach, it may be relevant to remember what an interview must be in order to qualify as qualitative: we need to give up on the persistent belief that the research interview is a questioning means by which we gather data transmitted by a passive subject (treated as an object) to an omniscient researcher. As Holstein and Gubrium (1995) have pointed, in a qualitative interview the interviewer and the interviewee are equal partners in actively co-creating meaning around an interview theme. Such an interview approach is meaning-making:

Both the interviewer and the respondent assume that the respondent's answers and comments will orient to varied aspects of the topic, not unrelated matters. The meaning of what emerges is then actively constructed within the interview interaction [. . .]. Meaning-making is a continually unfolding process. (Holstein and Gubrium: 52)

Precisely because meaning-making is a continually unfolding process, I will prefer in what follows the phrase 'sense-making' rather than 'meaning-making'. The two expressions are fairly synonymic, but I believe there are several pragmatic advantages to using the term 'sense-making'. Sense-making is about the search for comprehensibility (Dransart, 2013), the process of elaborating meaning, while meaning may be the abstract result (coherent meaning) or the beginning (disparate contradictory meanings) of such a process. Sometimes making sense does not provide a coherent meaning, despite multiple attempts. This does not invalidate the philosophical quest for meaning, but it does not fetishize meaning as a product or result either: in the case of philosophical health, the path, curiosity, wonder and *quest(ioning)* may be as beneficial as a more systemic answer, the latter being a difficult and rare feat which can also turn into dogmatism.

Different meanings might cohabit in a person (or a situation) that are not always assembled in a fully coherent whole, even if the process of sense-making tends to resolve contrasts or contradictions by synthesizing them into a lucid ensemble (Bijlsma et al., 2016; Kaptelinin, 2005; Leont'ev, 1978), a lucidity that in practice is not completely possible in the context of one of two sets of interviews. As I will

mention in conclusion, I have also tested the SMILE_PH method at a slow pace distributed over the course of 10 interviews per person instead of 1 interview only, and the results seem promising in terms of the asymptotic coherence of the philosophical sense. But then, which such a time-intensive process, I believe the border between research and therapy is crossed, which from the perspective of philosophical health is not a problem, but could become a problem for ethical committees and the so-called research neutrality.

I also prefer the word *sense*, with its intentional ambiguity between sense as meaning and sense as perception, because it better alludes to a unity between personal body and mind, while the more rationalist *meaning* approach, which I have used comparatively and will detail in the first part of this article, can be more abstract, intellectual and sometimes puzzling or too demanding for the interviewee (and the interviewer). We must not forget that meaning is often implicit before it becomes explicit and that its unveiling resembles Socratic midwifery (Tomin, 1987). When a person makes sense of something, this is the result of a collaboration between the person's intuition, emotion, reflection, intelligence, culture, environment, languages and any means by which the person might try to interpret signs. Interviews being personal (the interviewee talks in the first-person), 'sense-making' conveys better than 'meaning-making' that we are not looking immediately for universal abstract meanings, but rather starting with embodied worldviews – in the case of philosophical health, personal life-philosophies – and various ways of making sense. Individuals engage in sense-making under conditions of equivocality and uncertainty, and they make intuitive, not always systematically rational, judgements about it (Sonenshein, 2007; Weick, 1979, 1995).

In fact, the SMILE_PH approach was itself designed based on my expansive interviewing experience rather than on mere theoretical ground. The distinction between 'sense-making' and 'meaning-making' is not among the most important aspects of the SMILE_PH method, but the distinction between a rationalist approach to philosophical health and a more intuitive, if partly structured one, is at the source of the development of the methodology I will detail in this article.

Between January and April 2022, I conducted with the official approval of the Swedish Ethical Review Authority (Dnr 2021-04898) two series of interviews with eight tetraplegic persons (four men and four women) who had been living with spinal cord injury (SCI) and a wheelchair for several decades and led what they and their community considered as good lives. The theme of this study was their personal philosophy of life, if any, and how philosophizing might have helped them accept, overcome or transcend their SCI condition. In the first set of interviews (henceforth phase 1), which were rationalist a priori and meandering a posteriori, I asked them directly (supposing that they were prepared by the philosophical-health theme of the study to which they had previously agreed by informed consent) what

was philosophically important to them and what was their personal philosophy of life – hence the term rationalist, because it presupposes that individuals are capable of answering epistemic questions about their existence, which in most cases there are not directly, and hence the meandering to then gather significant bits of philosophical sense.

In preparation for the second round of interviews (henceforth phase 2), which happened two months later, I elaborated a more progressive and structured sense-making approach based on six sense-making elements: (1) the bodily sense, (2) the sense of self, (3) the sense of belonging, (4) the sense of the possible, (5) the sense of purpose and (6) the philosophical sense. By talking with the interviewees step by step through these six elements in that order, such that the philosophical sense was this time only addressed towards the end of the interview rather than its beginning, I observed that the interviewees were much less disoriented and more comfortable in their words and capable of generating sharper insights, while the interviews in phase 1 had sometimes puzzled them (especially the rationalist primer).

In what follows, after a brief introduction to philosophical health (part 1), I will examine the rationalist approach (part 2) corresponding to the first set of interviews I conducted between January and February 2022 (phase 1). In the third part of this article, I will describe the second round of interviews (phase 2) in order to describe – more pragmatically than theoretically for lack of space – the SMILE_PH approach. In conclusion, I will suggest that this new interviewing method, which can be applied in various domains concerned with philosophical health, is innovative but also ambivalent: on the one hand, this approach may be seen as action research, an awareness-raising methodology not indebted to the myth of scientific neutrality. On the other hand, it can generate more intercoder-reliable data on personal philosophies of life than unstructured interviews. Could the SMILE_PH methodology be both awareness-raising and objective?

Philosophical health

Despite being a multifaceted, enigmatic and contested concept (Gadamer, 1996; Gallie, 1956; Kingma, 2019), health remains one of humanity's foremost preoccupations and is now a globalized concern (Frumkin, 2016; Walraven, 2010). In the early twentieth century, gymnastics, diet and psychotherapy were a luxury for the few, but they became a reality for the many by the end of the same century: nation-states finance and administer programs for psychological and physical health in line with what Foucault called biopolitics or the control of life in human societies (Foucault, 1975). Physical health and psychological health have been systematized into a social imperative (Bell et al., 2010). On the one hand, tangible positive results have been produced, for example in terms of life expectancy or the cure of pathologies previously thought to be incurable; on the other hand,

health is now an industry and in some cases a form of social governance (O'Byrne, 2019). Institutions sometimes promote a medicated way toward health based on an overly mechanical or statistic conception of the mind and body (Fee, 1999; Tyreman, 2020).

In order to avoid fallacies in attempting to amalgamate different realms of experience, one may want to distinguish a priori between physical health, psychological health and philosophical health (de Miranda, 2022). Philosophical health is more than psychological statistic clustering well-being or willpower; it can be defined as a – sometimes painful, sometimes blissful – balanced coherence between one's thoughts, values, virtues and one's actions in a world that is not always friendly: 'Philosophical health is a state of fruitful coherence between a person's ways of thinking and speaking and their ways of acting, such that the possibilities for a sublime life are increased and the need for self-and intersubjective flourishing satisfied' (de Miranda, 2022: 1). In the previous definition, a keyword is *possibility*: our sense of the possible may be deflated or increased. *The sense of the possible* is I believe a good candidate for a non-mechanistic definition of health. This is what has inspired me to build a method around this sense, and then try to determine, based on my interviewing experience, what were the other important senses in the constellation of philosophical health (see phase 2). Ludwig Binswanger spoke of existential therapy as *Wiederermöglichung*, 'repossibilization' (Binswanger, 1960: 255), a reconnection with the transpersonal whole of possibility. For Husserl (1982), whom Binswanger was following, the sense of the possible or what he calls 'free fantasy variation' is the root of human existence (Zaner, 2010).

The idea of philosophical health – if not the phrase – has a long history. Intellectual historians such as Hadot (1995), Foucault (2005) and Nussbaum (1994) have contributed to a recognition that the philosophy of the ancient Greeks and Romans was linked to a deep concern for health or therapy. Plutarch wrote in his *Advice about Keeping Well* that knowledge about the philosopher's own body should be considered as important, if not more, as geometry, logical discussion and music:

The charge of trespass ought not to lie against philosophers if they discuss matters of health, but rather they should be blamed if they do not consider it their duty to abolish all boundary lines altogether, and to make a single field, as it were, of all honorable studies, and therein to cultivate them in common . . . (Plutarch, 1928: 220)

In *The Hermeneutics of the Subject* (2005), Foucault locates the European source of the idea of philosophical health in the Platonic and Socratic conception of 'epimeleia heautou', the care for the soul or self. In Plato's *First Alcibiades*, a kind of philosophical therapy is a necessary condition to become a good governing actor or citizen via some form of care ethics or even self-sacrifice (Cawston and

Archer, 2018). There was a connection between the collective idea of justice and the individual idea of care, and the philosophical self was ultimately not individual: it was an inspirational reconnection with the divine and the sublime in us or *entheos* (Lampe, 2010: 195), an idea often illustrated by Socrates' *daimon*, the personal spirit or voice that was triggering good advice (Silverman, 2010).

Plutarch, as we have seen, wrote about philosophy as a unifying field comprising health. The old German etymology of the word *health* (*heil*) also suggests ideas of oneness and wholeness. Consider the famous definition of health offered by the World Health Organization (WHO) in its public constitution of 1948: 'Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'. While the term *infirmity* is particularly relevant in the case study I will present in this article, the adjective *complete* here echoes the etymology of health as a whole. In the spirit of Plutarch, a health philosopher asks research questions such as: What is a healthy person if not just a functioning biological body? What is a healthy action if not mere mechanical behaviour? What is a healthy society if not only a stochastic market? What is a healthy system or whole if not a mere juxtaposition of parts?

Philosophy is the discipline that attempts to care about the whole of reality (and beyond). 'The True is the whole', writes Hegel (1977) in the *Phenomenology of Spirit* (p. 11). For the phenomenological psychiatrist Ludwig Binswanger, Hegel and Heraclitus were right when they equated wholeness, the 'life of the universal, the *koinos cosmos*' (Binswanger, 1975: 244) and care: philosophical health is about reconnecting *care-fully* with our common cosmic belonging, which is more intuitive than intellectual:

It would be rather unfortunate if our patients had to understand Heraclitus or Hegel in order to get well; but none can attain to genuine health unless the physician succeeds in awakening in him that spark of mind that must be awake in order for the person to feel the slightest breath of that *koinos cosmos* [. . .], a sense for infinity. (Binswanger, 1975: 244)

We observe today in practice a revival or rediscovery of the Greek and Roman forms of applied philosophy as a few independent individuals across the world have started to open private practices in order to take care of individuals in terms of what is called 'philosophical counselling' or 'philosophy as therapy' (Banicki, 2014; Marinoff, 2013). Some have criticized or assessed the pertinence of this approach (Knapp and Tjeltveit, 2005; Louw, 2013). Whether we are or not sympathetic to the current practice of philosophy as therapy, it certainly needs more methodological grounding if philosophical counselling is to become a viable and reproducible instrument of care, for example in rehabilitation or healthcare units, but also in education.

An important ideal of philosophical health is the asymptotic unity of knowledge and action (Frisina, 2002), a theme in which enactivist research might be helpful (Colombetti, 2014; Di Paolo, 2009; Stewart et al., 2010; Thompson, 2007).

According to the enactivist view, all living systems, from single-cell organisms to human beings, are endowed with some form of teleological and more or less developed sense-making agency (De Jesus, 2018). All living beings bring forth their own unique worlds, an idea originally advanced in Uexküll's Umwelt theory (Meacham, 2016). This approach to cognition can also be traced back to the notion of autopoiesis, the capacity of a system to generate its own parts more or less autonomously (Maturana and Varela, 1980). From the perspective of philosophical health, this is connected to what I have called the sense of the possible of the living being, which I have equated with health; we will not be surprised to find the sense of the possible at the heart of the SMILE_PH methodology.

Limitations of a rationalist 'beyond method' approach to interviewing

Between January and April 2022, in partnership with the rehabilitation unit of Linköping University Hospital and the Ngo RG Aktiv Rehabilitering, I conducted a study among persons living in Sweden with spinal cord injury, focusing on their philosophy of life (Dnr 2021-04898). I interviewed twice eight persons (four male, four female) whom all have tetraplegia and have been living what they and the spinal cord injury community consider to be an active life. The goal of this study was to determine if there are personal philosophical reasons for explaining their mindset (the results will be published in a further article since the present article is about the methodology rather than the SCI study itself).

The first set of interviews was conducted without a step-by-step method in what could be defined as a rationalist hermeneutical approach, sometimes called 'beyond method' (Ironsides, 2013). I started the conversation by asking the participants: 'What is your personal philosophy of life?'. Despite the fact that they were advised that this study was about their philosophical stance, the interviewees were taken aback by the magnitude of the question, often expressing some form of puzzlement or difficulty in answering. This difficulty persisted to a variable extent as the interview unfolded in part because as an interviewer, I was somewhat monothematically focused on giving sense to my main question about their philosophy of life. This is not without analogy with the puzzlement of Socrates' interlocutors in Plato's dialogues, partly due to his stubborn insistence on epistemic utterances. The Socratic dialogue or epistemic interview (Brinkmann, 2007) is an interview form that wishes to reveal knowledge (*episteme*) rather than opinions (*doxa*), which can seem particularly fit for studies about philosophical stances. But I will argue in what follows that this can turn into an abstract, rationalist approach that forgets that the manner in which the interviewer calls forth the interviewee's thoughts and impressions has a direct impact on the quality and specificity of the answers – this has sometimes been called the 'inter-viewing' phenomenon (Dinkins, 2005).

The problem with this first unstructured set of interviews was that the path was meandering and chaotic. Metaphorically speaking, instead of climbing a hill, the interviewees (by asking them to formulate *ab initio* their philosophical sense of life) were as if first transported by helicopter to the top of the mountain where the oxygen might be scarce. This led to a need to climb down the mountain to access more mundane topics to catch some air while attempting to go up again repetitively when teased by the interviewer. I present here three real samples of the first sentences of the interview (phase 1, in which LdM designates myself as interviewer):

Example 1 (in this first example, which coincides with the first interview of phase 1, the interviewer adopts a rationalist approach that puzzles the interviewee by starting immediately with the philosophical goal of the study as if the interviewee were already a philosopher of some sort):

- LdM** : We are here to discuss your personal philosophy, your conception of life, whatever meaning you want to give to that. And that would actually be my first question: how would you define your thoughts about your philosophy of life?
- Interviewee A** : Well, do you think you can narrow it down a bit? It's such a big question, isn't it?
- LdM** : It is. Let's try this for example: do you think life, in general, has a meaning or purpose?
- Interviewee A** : You mean apart from living it? Apart from . . . if it's got a higher meaning? What do you mean, is it in a religious context or?

Let's now consider one more sample of phase 1 that demonstrates once again the pragmatic problem of starting with a rationalist/epistemic question:

Example 2:

- LdM** : Welcome, and as you know, we're here to discuss your philosophy of life. And I would like to start by asking you what this phrase suggests to you. Or what are the most important ideas in your life values? You can start wherever you want.
- Interviewee B** : Well, that's, that's, that's a 'small' question. I mean, that's . . . where do you start?

In phase 1, the vast majority of interviewees expressed a comment regarding the difficulty for them of the triggering

question of the study. This of course is partly due to the specific philosophical theme of the inquiry as opposed to a more mundane one. Nevertheless, through a process of deep listening (de Miranda, 2021b) and because of my past counselling experience (accumulating +300 hours of individual philosophical consultations with counselees from disparate milieus between 2018 and 2022), it was however possible to generate interesting answers by the end of the interviews in phase 1, such that the epistemic approach did not prove to be a fiasco, despite the fact that the process did not feel optimal.

Active listening is particularly essential in open philosophical interviewing:

The capacity to listen attentively while remaining appropriately silent is useful during the elicitation. This can present a challenge for many researchers. Understanding what is being said and what may be hidden, responding sensitively to the cadence of the interview, and actively acquiescing to the participants' direction is important to the process of moving the interview along with inquiring questions as the narrative text is co-created. (Vandermause and Fleming, 2011: 371)

Eventually, the interviews in phase 1 unfolded reasonably well despite an abrupt beginning and provided some pertinent data. But this information is scattered and will necessitate some effort to interpret: in fact, the data gathered in phase 1 became clearer retroactively, once the six-step method of phase 2 was formulated and tested (see the next section).

One could argue that the problem in phase 1 was not of the interviewer but of the interviewee, who may lack epistemological insights. Should we not have eliminated from the study all the people who feel puzzled by a question about their philosophy of life? In fact, as is common practice, the interviewees were informed, when they gave their consent several days before the first interview took place, of the main theme of the study. But it is clear that they were not expecting such a literal approach. Should we blame them for coming unprepared? Then we would probably have to blame most of humanity for being unprepared for philosophizing despite the fact that philosophy was invented several millennia ago. Brinkmann (2007) regrets that most interviewees are consumers rather than epistemic agents, hence their unpreparedness for rational rather than experiential discourse:

What is needed, I believe, is for qualitative researchers to consider the spread of Rogers's humanistic interviews and other psychologistic or doxastic interviews as a reflection of the contemporary consumer society in which the client is always right, in which his or her experiences and narratives are always interesting because they are some individual's experiences and narratives and in which the interviewer (or therapist) merely acts as a mirror of the respondent's feelings, attitudes, and beliefs. (Brinkmann, 2007: 1122)

Somewhat in contradiction to his above-mentioned statement, Brinkmann does however believe that interviews could be epistemic *a priori*, that they can focus on what people

know. His model is again Socrates, an interviewer that talks usually more than his respondents, contradicts them and more often than not exhibits their lack of rationality rather painfully, if politely. My experience of conducting philosophical dialogues with individuals is that most humans do not have an explicit epistemic take on life. This does not mean that they do not possess an implicit philosophy of life, a sense of purpose or a worldview, but that means that it is more often than not latent and the role of the interviewer is to help them to make it explicit, if possible in a smooth manner. My experience of what I have called the rationalist approach (phase 1 of the SCI study), is that it does not create the best kind of explicit results, or that the interpretative workload of the interviewer is then higher, which contains risks of wrong interpretation or epistemic injustice (Fricker, 2007), that is of the analyst speaking and conceptualizing into the place of the interviewee, perhaps distorting the sense. Conducting a Socratic approach of the kind that constantly dismantles the epistemic ground of what is said by the interlocutor with persons that are more vulnerable than others would probably not be considered ethically safe. Moreover, philosophically speaking we are all more or less vulnerable given the difficulty of producing a highly coherent philosophical system: our sense of self can be shaken by a too abstract and non-gradual approach.

After phase 1 of the SCI study, I felt there was something suboptimal with the rationalist approach I used and its in-depth unstructured interviewing. What I wanted, to once again convey an alpine metaphor, is to slowly climb the sense-making mountain with the interviewee, starting from the experiential foot of the mountain, our indisputable embodiment, and slowly progressing to the epistemic peak.

The sense-making approach: From body to self to philosophical sense

We are sense-making and purpose-seeking beings, although this aspect tends to be neglected in work or healthcare environments, which can be objectifying and depersonalizing. Similarly, as we have seen (phase 1) a too rational or formalized approach to philosophy can be depersonalizing in that we are not meeting the other person on her or his home ground and thus the interviewees might feel like they are being tested. The goal of sense-making dialogue is to co-create an understanding of human situations, values and events that often go unexamined (Seamon, 2000). Phenomenologically-minded researchers seek to understand lived experiences by listening deeply (de Miranda, 2021b) to evocations of worlds as subjects experience them, focusing on personal or shared meanings (Finlay, 2011). A common tool is the phenomenological qualitative interview, as developed – with some variations – for instance by Giorgi, Smith & Osborn, or Van Manen (Gallagher, 2012), although there are other influential approaches to sense-making, such as Brenda Dervin's (Dervin and Foreman-Wernet, 2003). In all

cases, subjects, who are considered to be able to become specialists of themselves – with emphasis on *becoming* –, contribute to the knowledge generation process in reciprocal interaction with the interviewer (Høffding and Martiny, 2016). Rather than a measuring or rationalist stance, an empathic and understanding stance is needed to co-create meaning during these first-person exchanges (Varela and Shear, 1999: 10).

A core notion in first-person approaches (Kee, 2018), sense-making is therefore important in the SMILE_PH approach. We constantly make decisions that are grounded in the way in which the world appears to us as embodied beings (Roth, 2012), and such appearance is never neutral but always perspectival, carried by a sense of self. Our first-person experience of the world is interpretative in a more or less blurry and messy way (Lemke et al., 2006): *sense* refers to an embodied perception that attempts to evaluate its environment and code it into meaningful action or thinking. A person is a continuous and transformative process of points of view on specific situations or problems to which it seeks to enact meaningful responses (Schmitt and Labour, 2022). The implicit or explicit intention of sense-making may be to construct order over apparent chaos (Ybema and Willems, 2015). Such a process mobilizes intertwined corporeal, emotional and cognitive dimensions (Di Paolo et al., 2018).

Sense-making is thus a term commonly understood as the process through which people interpret and give meaning to their experiences (Lam et al., 2016). Sense-making is progressive and may start with somewhat confused impressions: as Chia (2000: 517) puts it, we start with:

an undifferentiated flux of fleeting sense-impressions and it is out of this brute aboriginal flux of lived experience that attention carves out and conception names. [Meanings] have to be forcibly carved out of the undifferentiated flux of raw experience and conceptually fixed and labelled so that they can become the common currency for communicational exchanges. (Chia, 2000: 517)

Sense-making is about the continued redrafting of an emerging narrative so that it becomes more comprehensive and comprehensible (Weick et al., 2005) and constructs an identity (Gililand and Day, 2000: 334). This process of shaping unity out of an embodied source of disparate possibilities, which necessitates at least internal dialogue if not a dialogue with another human being, has been called creative dialectics or *crealectics* (de Miranda, 2021c).

As we will see, the SMILE_PH method does not focus only and immediately on the higher-cognitive dimension of our philosophical sense but rather proceeds step by step from a primary dimension of embodiment and sense of self, in order to progressively awaken the conceptual worldview. First, I feel, have impressions and perceive (*bodily sense*). Then, because I feel and perceive, I can say that I am (*sense of self*). Because I am not alone in the world, I sometimes wish to say we are (*sense of belonging*). Together or alone, I

sense that this or that or something yet to be defined *can* be done (*sense of the possible*). Later I feel that this or that, in particular, *should* be done, usually together, but if necessary alone (sense of purpose). Under the sense of purpose lies, hard to grasp, a view about the meaning of life (philosophical sense): such is the six-step phenomenology process of the method I designed for phase 2 of the SCI study, of which more below.

For the purpose of philosophical health, it is important to note that even if subjects share the same world, they may have more or less explicitly, or aspire to different epistemic perspectives on it. The SMILE_PH method helps make the implicit or latent philosophical stances explicit, thus more relevant or actionable.

Question I – The bodily sense

‘Tell me about your bodily sense, how you feel and perceive your body’. This is the first step in the SMILE-PH conversation, connected to our irrefutable experience of physical presence in the world (Nagatomo, 1992). It takes only a deep breath to start becoming aware of our bodily sense. In sense-making processes, we need, as a priority, to be attentive to the embodied mind with first-hand experience of its own living body (Thompson, 2004: 90). This embodied aspect is particularly important for a first-person approach, especially if we are intertwined sensing bodies with different worlds but within a common ‘flesh of the world’ (Merleau-Ponty, 1968: 84). We are embodied living creatures with an inner continuous life, the variations of which we can sense (Jonas, 1966).

Bodily sense can be adynamic or eudynamic, from the Greek root *good* and *potential* (de Miranda, 2021c). In the case of people living with tetraplegia, the aforementioned pilot study has demonstrated that even after the body is paralyzed to a very high degree and made insensitive by the spinal cord injury, it slowly finds new ways of sensing itself, actualizes new cues out of a field of possibilities, and, as showed by the SCI study, even chronic pain can be integrated – to a certain extent – as a viable element of bodily presence.

In what follows I give three samples related to the bodily sense taken from the beginning of the SCI interviews (phase 2):

Example 1:

LdM : Today we’ll structure our dialogue following these six senses: bodily sense, sense of self, sense of belonging, sense of the possible, sense of purpose, and philosophical sense. Let’s start with the bodily sense, the sense of the body. We talked a bit about this last time already. What does this suggest to you?

Interviewee B : Bodily sense? Well, I think it’s extremely interesting that after you’ve

had a spinal cord injury, you lose your connection with your body. And that’s been something that has taken up a lot of my time and thoughts. And I think that for me it was a great sorrow that I lost both the control and also the connection with my body . . .

Example 2:

LdM : Would you like to talk to me about your bodily sense?

Interviewee A : You know, it’s almost fifty years ago that I had my accident and to start with I lost all kinds of sensation. I couldn’t feel anything, or my body felt as if it was floating in the air. But then after some time, my sensation started to come back . . .

Example 3:

LdM : We’ll be talking about your bodily sense first. How would you speak about your body, its feelings, its sensations, what does that mean for you?

Interviewee C : Well, in my case, since I have a high spinal cord injury, the physical sense, from my chest, above my chest and down, doesn’t exist. I can feel a little bit in my arms and a little bit in my left hand, but with my right hand, I can’t feel anything. So, in my case, I had to learn how to live without the physical sense of my body, and the small parts that I can actually feel became even more important. For example, I can feel a little bit with my thumb and my index finger on my left hand, so from being a right-handed person before my accident, I became a left-handed person because I can feel more on my left hand. So that’s the physical part of feeling the sense of my body. And it’s very difficult to describe how it actually feels, not being able to have the full sense in your body. But I used to be a ballet dancer, and when I was dancing, I felt every inch of my body and I had control of every inch of my body. Now being paralyzed, I don’t have the same control, but somehow, I feel like I can feel my body anyway. And it’s very hard to explain that feeling, but with the parts I can actually use and move

physically, where my nerves are still connected, I have very good control. And I think this has a lot to do with the sense of memory, the memory of how my body felt once upon a time. I can close my eyes and still feel how it felt to dance . . .

Question 2 – The sense of self

The second element in a SMILE_PH interview is the sense of self: ‘Tell me about your sense of self, how you perceive and feel about your self’. A sense of self arises after we consider our embodied connections (Finlay, 2011). In order for a subject to be an agent with an identity, there must be some distinction between the subject and its body (which is not necessarily a dualism). The notions of individuation and self-individuation here are crucial: humans are self-organizing, self-creating, dynamic systems, which are autonomous and capable of creating their own self-boundaries (De Jaegher and Froese, 2009; Di Paolo, 2005, 2009; Thompson, 2007). Human subjects have the capacity to define themselves as distinct individuals, especially in our post-modern societies, which encourage individualism (this is why SMILE_PH places the sense of self before the sense of belonging).

In the case of tetraplegic people living with SCI, it became clear that a strong sense of self and personal narrative is needed to reinvent one’s life after a big trauma. Below are three samples taken from the interviews of phase 2:

Example 1:

LdM : How do you sense yourself? What can you say about your self? Usually, we distinguish the body and the self, but maybe you don’t?

Interviewee B : I think when you have a spinal cord injury, you are really suddenly separated from your body. I remember when I was newly injured – and it was really, really sad –, I remember reading the paper and I would draw a line on other people’s images in the newspaper to show where my sensations disappeared [. . .]. In the beginning, it’s as if you have a newborn baby, your body is someone you have to take care of, you’re responsible for. [. . .] You don’t know how to communicate with it. It’s crying. You don’t know if it’s hungry or thirsty or in pain or tired or whatever. So, it’s a bit like you suddenly have this body that you have to look after, that doesn’t communicate with your brain, and you will have to sort of think for the body, you will have to look at your foot:

Oh my God, is my foot smaller? Why do I feel pain? And why am I spastic? It’s like you’re totally separated from your body. [. . .] So suddenly, I felt like I was split into bits. And my brain had to look after my body which didn’t talk to me. But that’s better now, I’m fine. Now I am one piece . . .

Example 2:

LdM : Let’s talk about the sense of self. You already said that your self is your soul. Is it anything else?

Interviewee D : Maybe it’s too simple if I say that it’s just my soul, because I see myself as a person consisting of my body, my soul and my spirit, and none of these is much more important than the other . . .

Example 3:

LdM : Speaking of the sense of self, you say that you have realistic views about yourself but what do you mean by reality?

Interviewee A : I don’t picture myself very different from what other people see when they see me. [. . .] I think there’s more that people perceive the same way or experience the same way than in different ways. So that’s what I mean by a realistic view of myself: it’s not so different from what everybody else thinks – or perhaps it is when I think about it . . .

Question 3 – The sense of belonging

The third step in the SMILE_PH approach is the sense of belonging, which, as the previous sense, can be perceived as depleted, problematic or fulfilled, free-flowing. This particular sense distinguishes, historically and philosophically, on the one hand, pathological forms of belonging such as group-think, and on the other hand eudynamic forms of belonging or well-belonging (de Miranda, 2020). A phenomenological approach would perhaps tend to place the sense of belonging before the sense of self, arguing that we are a *we* before we are a *I*. This may well be true from the perspective of social ontology, but not from the perspective of person-centred care in the 21st century, nor after two centuries of now globalized individualism. In the context of a personal interview, it is more empathic to start with the sense of self before the sense of belonging (although I welcome experiencing with a different order of questions or additional senses to test variations in the SMILE_PH approach).

Below are three samples taken from the SCI pilot study:

Example 1:

LdM : Let's talk about your sense of belonging. Do you feel that you belong today, compared to twenty years ago? How did this sense evolve?

Interviewee E : I have a belonging to friends or family, but through work-life it has been difficult. I have worked for several years in different companies and so on but it is very hard to get into a new place.

LdM : What do you mean?

Interviewee E : You know the unemployment statistics for persons in my situation aren't that good . . .

Example 2:

LdM : What can you tell me about your sense of belonging?

Interviewee F : Sense of belonging . . . I have found my place, I would say. And I have not that need of pleasing people to feel that I belong in a specific group, and that I have to adapt to that group.

Example 3:

LdM : Last time you told me that family was a great value for you and that this had not always been the case. Is that how you define your sense of belonging, as belonging to your family first, or what would you say?

Interviewee G : Yes, I think if there is some place I can feel belonging, it is with my family. That's where I feel most comfortable. They know me, and I know them; there is no drama going around . . .

Question 4 – The sense of the possible

Step 4 of the SMILE_PH interview wonders about the sense of the possible of the interviewee. The possible is the core concept of the crealectic process ontology (de Miranda, 2021a): as was understood by phenomenologists such as Husserl (1982) or Binswanger (1960: 255) and existentialist

philosophers like Sartre and Heidegger, the universe is a *possibilizing* furnace, an opening for the making-possible (Heidegger, 1995: 364, 1996: 244). It is via a meditation on health defined as depletion or increase of the sense of the possible that I first conceived the possibility of a semi-structured methodology between phase 1 and phase 2 of the SCI pilot study. I asked myself: if the sense of the possible defines health phenomenologically, in what other senses does it manifest itself and what does it take to transform health into philosophical health?

The SCI study has shown, perhaps unexpectedly, that the sense of the possible of the interviewees who have been living with a long-term tetraplegia is expressed as very strong: 'Everything is possible', they uttered quasi-unanimously, a formulation that takes a less cliché meaning than the neoliberal one when pronounced in the context of people whose existence is dependent on a wheelchair. In the year that followed their accident, the interviewees were more or less depressive, failing to discover certain kinds of possibilities in their experienced surroundings (Ratcliffe, 2020). During a depressive episode, the sense of the possible falls close to zero:

Depression manifests itself as a crisis of [. . .] the almost born instinct that things are fluid, that they unfold and change, that new kinds of moments are eventually possible, that the future will arrive. [. . .] There is [it seems] no possibility of redemption or hope. (Lott, 1996: 246–247)

Conversely, when one embodied living being starts to say and feel of a projected situation, idea, initiative, or way of life, that *it is possible*, they are connecting with their modal dimension in a potentially transformative way. The sense of the possible is – at least asymptotically – performative: it begins to produce something which may or may not become actualized; it is the intuited gateway to transforming virtuality into reality (de Miranda, 2022). The sense of the possible comes before the sense of purpose or the philosophical sense: 'There is a practical consciousness, an "I can" that underlies and precedes the reflective self-consciousness of the "I think"' (Sinclair, 2017: 191).

Below are three samples regarding the sense of the possible taken from the original SCI pilot study:

Example 1:

LdM : Do you feel that you have a lot of possibilities? Do you feel that the future is open and rich, or can you think of moments of your life where you felt that quite the contrary, your sense of the possible was close to zero?

Interviewee G : I think that life is a never-ending story of possibilities . . .

Example 2:

- LdM** : What can you tell me about your sense of the possible?
- Interviewee F** : Possible, possibilities? Yes, I believe, really, that everything is possible. And when I say everything, it's not like you can do exactly the same physical movements, but mentally, you can have the same possibilities and that is what really counts. Many of the mentally strongest people I've met are people with very high lesions actually, that cannot move anything, not a finger. I've met people with an extremely strong focus, and because they cannot focus on how to move or anything, they have to focus on how they think. They develop their thinking; they have a lot of time to think. And if you cannot do it yourself, you can always think creatively about how to solve problems for others.

Example 3:

- LdM** : What does this suggest to you: the sense of the possible?
- Interviewee B** : Sense of the possible? Here comes the cliché: I get behind the steering wheel of my own life. [. . .] When you have a spinal cord injury, you can't say that everything is easy. You can't book a last-minute flight and just think it's going to work. You can't just book a hotel online and think, no, that's going to be fine. [. . .] It takes more planning; it gets more complicated. But I think lots of things are possible. I meet people in wheelchairs and not in wheelchairs for whom change is not possible. So, I don't think that it always correlates or it always has to do with whether you have a disability or not. It's more in your head . . .

Question 5 – The sense of purpose

The fifth element of the philosophical health care methodology is the sense of purpose. Once we have perceived our embodiment, our self, our belonging and our sense of the possible, we may begin to wonder how our actions tend to be purposive. An agent acts and thus self-regulates in order to achieve something, there is something it is trying to do or a goal it is attempting to reach and in so doing, the very attempt can either succeed or fail (Barandiaran et al., 2009). Actions,

unlike random movements, are teleological, goal-directed and hence normative, but they are also teleological in the more elaborate sense that they are related to a higher meaning and value-guided conduct (Barrett, 2017; Di Paolo, 2005); in some cases, a vocation in the Weberian sense (Tickamyer, 1981).

Not every human has a clear sense of purpose. While it is easier for most people to speak of their bodily sense, of their sense of self, of the sense of belonging and of the sense of the possible, the sense of purpose is harder to formalize or imagine, yet less so, in my interviewing experience, when the topic comes after the previous senses in a progressive order that generates higher-order meaning at a slower pace. However, because of its importance, it is possible that the interviewees who have achieved a clear sense of purpose allude to it before the explicit question 5, in one way or another as the interview unfolds.

Below are three samples taken from phase 2 of the SCI study related to the sense of purpose:

Example 1:

- LdM** : Do you have a sense of purpose? When you said you're contributing to society, is that according to a value, a highest value?
- Interviewee G** : The purpose for me in work is not just to contribute; it is to help people as I work at the hospital and at a rehabilitation clinic. That's the main purpose for me, to help other people [. . .], to help them grow as a person so they can come out functioning in society instead of just coming home and locking the door and getting inside of four walls and never get out again. [. . .] I don't go to work just because I have to get the money. Of course, that's a big part of it as well, but if I had the opportunity to stay home with the same money or to work, I would still get to work because of the purpose of my work.

Example 2:

- LdM** : So let's move to the sense of purpose, of which you have already talked because this seems very important for you.
- Interviewee D** : Yes, to have a purpose in life is very important. To feel that you are part of something bigger, that you have a place in creation, in this world, is important for me. And it's not about being able to

do many valuable things; it's not about being a very smart person or able person. It's about finding purpose in the small things. [. . .] Because no person can do everything and carry the whole burden alone. But everyone can do some part of it . . .

Example 3:

- LdM** : The sense of purpose, you talked about it already: this seems to be important for you.
- Interviewee E** : Yes, I think that's what drives me; that is what starts my energy. And I think that has driven me to do a lot of things throughout the years.
- LdM** : So, what's your purpose in life?
- Interviewee E** : My purpose in life is to make some changes in the world. This sounds very big.
- LdM** : What kind of changes? What's the big idea?
- Interviewee E** : I'm writing; I'm trying to get my history and things that have happened to me known to other people because it's not so common.
- LdM** : Did your sense of purpose help you overcome your situation after the spinal cord injury?
- Interviewee E** : Yes . . .

Question 6 – The philosophical sense

This is the proposed final step of the SMILE-PH interviewing method and should arrive at the end in order to espouse the common phenomenological experience of the world and of ourselves (as opposed to what we have called the rationalist or epistemic approach, which tend to assume that everyone is a philosopher capable of answering the question of philosophical sense without the mediation of progressive steps).

Philosophical sense requires more than searching for particular solutions to perceived problems; it requires the ability to look beyond the immediate needs to a wholesome state of consideration based on pulsating metaphysical, social, political and economic ways of living in the world (Schultz, 2005). The philosophical impulse is the impulse not only to interrogate but also to de- and re-construct not just our conceptual but our existential understanding of our shared experience of the world (Lin and Sequeira, 2017). As

the SMILE_PH interview unfolds, dialogical listening and sense-making empower the interviewee by raising awareness about their understanding of life and helping them to actualize their personal worldview (Kizel, 2017). Once the person has been able to clarify their philosophical sense, they may step by step reconsider the five previous senses in a new light.

Below are three samples regarding the philosophical sense taken from phase 2 of the SCI pilot study:

Example 1:

- LdM** : So, we are reaching the last stage, which is the philosophical sense. What does that suggest to you? Is it related to your purpose? How do you view things before you act?
- Interviewee E** : I think that the philosophical ground for me has to do with purpose, something like: *I know that I shape my own way.*
- LdM** : It's interesting how you formulate it, *I know that I shape my own way.* So, there's an element of knowledge to it. When did you start knowing that?
- Interviewee E** : Twenty years ago, or something; four or five years after my injury.
- LdM** : Did something happen in particular that made you realize that?
- Interviewee E** : I had a lot of discussions with friends who were deep-minded, and we talked a lot about life and meaning and purpose and those things. And I suddenly realized that it doesn't matter in which situation you are, if you're sad or if you're depressed. You can be a person who has a whole body and everything seems okay, and it looks like you're great, but you're depressed and then things aren't that great. It can be so for me also, but I can choose to do different actions.
- LdM** : You don't feel like a victim.
- Interviewee E** : Yes, exactly. [. . .] And I have never ever had those thoughts or feelings. Never. Not even directly after the accident. Because I was more like, okay, this is a very hard and extremely problematic situation, but I think I will manage it. [. . .]
- LdM** : So, we could perhaps define you as an existentialist: *you are what you do?*

Interviewee E : Very much.

Example 2:

LdM : So, could we say that your philosophical view of life is that we are individuals first, we have this core which is our will-to-live perhaps, and then the best that we can do is then to connect, relate, build bridges? The individual is the radical entity that we start from?

Interviewee C : Yes, exactly. Very well put. Yes, for sure. You know, I'm working with a podcast where I meet people from all layers of society, from all walks of life. [. . .] I'm curious and I want to know more about that person and learn. Why have you done what you've done? [. . .] It's all about curiosity for me; in order to understand people, you have to know more about their thoughts and their philosophical point of view as well.

LdM : So, does that mean that the personal core is something unique in each of us?

Interviewee C : Yes, for sure. For sure. We are all unique individuals. And there's a reason why we do what we do and why we live as we live. And it's all about what kind of opportunities you have in life as well, and what has shaped us.

Example 3:

LdM : Tell me about your philosophical sense of life.

Interviewee F : I really believe that the hard times, always, will help you to develop, even if you don't think that it will be the case just at that moment. [. . .] When bad things happen, you didn't want them to happen just because it could turn out to be good in the future; but I just realized that for me, they have provided me with good things. [. . .] I actually made a diagram of the important events in my life, and it looks just like an electrocardiogram: heart rates, you know, or brainwaves [. . .]. This was bad here, and there instead with the birth of my first daughter, etc. And when you look at it, it's like a heart rhythm. Or

brainwaves. It looks like that. Then I thought: that is life; it's not a straight line.

LdM : Right. A rhythm.

Interviewee F : Yes. Otherwise, you cannot appreciate it either . . .

Conclusion: Developing the SMILE_PH methodology

The present article was a first introduction to the SMILE_PH semi-structured method (Sense-Making Interviews Looking at Elements of Philosophical Health). This approach was conceived during a pilot study on the philosophy of life of persons living with spinal cord injury, with the intention of rectifying the epistemic obstacles generated by a more rationalist and unstructured previous phase of in-depth interviewing. The six-step structure of SMILE_PH is also the intuitive result of hundreds of one-on-one dialogue sessions with philosophical counselees, led by myself between 2018 and 2022, and my conviction generated by those that the *sense of the possible* is a core feature of our pre-philosophical relationship with the world. Once I had the sense of the possible in mind (de Miranda, 2021a), the remaining five senses unfolded quite naturally, but more work is now needed to ground the methodology, with questions such as: why this order of questioning? Why these six senses rather than others? While I believe I have done some work in this article to ground the methodology theoretically, my main motivation was here more pragmatic: to provide the recent philosophical health approach with a testable method and show that philosophically-oriented interviews are possible in a manner that can be reproduced, compared and used systematically with a population that has received no training in philosophy.

To the best of my knowledge, SMILE_PH is the first method in the field of philosophical health that may be tested and perfected in the future both in the context of qualitative research, with sufficient intercoder reliability (although this fact stills need to be rigorously demonstrated) and also in the new context of philosophical counselling. In fact, there is an extent to which the number of interviews with the same person might mean that therapy and research could partly coincide on the epistemic horizon.

To explain this last statement, let's imagine that instead of concentrating the six steps of the SMILE_PH approach in one interview of 45 minutes, as I did in phase 2 of the SCI pilot, the interviewer decides to spend one full session on each sense, that is at least six sessions per interviewee. Not only would the result probably be more fine-grained, but it would probably generate insights on the side of the interviewer that could be transformative. I have tested this longer approach with two counselees (both managers of the energy-producing company Vattenfall with whom I have conducted more unstructured sessions since 2020). Between June and September 2022, I spent more than six sessions with each of

them unfolding the SMILE_PH approach – one session on bodily sense, the second session on the sense of self, the third session on the sense of belonging, etc. This slow-paced approach proved promising, such that the two counselees were in the end able to articulate a sense of purpose and a philosophical sense in a clearer manner than previously.

It is possible that interviewers and interviewees would intercreate sharper results if they spread and extended their sessions, with the ethical caveat that the SMILE_PH cycle would then be not only data producing but also awareness-raising and even transformative. If that is the case, the method I sketched today would qualify as a toolkit for what is called *action research* (Barnes et al., 2016; Carr, 2006; Reason, 2003). Given that philosophical health is about the unity of thought and action, this inflexion seems somewhat inevitable.

Acknowledgements

The author wishes to thank Professor Richard Levi and Dr Anestis Divanoglou, from the research and rehabilitation units of Linköping Hospital, for facilitating and commenting on this pilot study.

Declaration of conflicting interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The author has received funding from the Kjell and Märta Beijer Foundation in Sweden to conduct his study.

Ethical approval

The human study referred to in this article was approved by the Swedish Ethical Review Authority, under the reference Dnr 2021-04898.

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